IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER

Applicant

Klaus Gottschall

MAR 1 9 2004

Title

Method of Producing Derivatized Polymers

Application No.

09/856,981

Filing Date

October 12, 2001

Examiner

Bernard Lipman

Group Art Unit

1713

Attorney Docket

280798610040

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

This Amendment is in response to the Final Office Action mailed November 19, 2003. This Amendment is accompanied by a Petition for Extension of Time and a Request for Continued Examination.

In view of the Office Action, please amend the application as follows.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. 703-872-9306) on 3/19/2004.

mitchell Loss

Mitchell Rose

PTO/SB/17 (10-03)

| | Approved in the diletti and income. Onto dad i-dada |
|---|---|
| | U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE |
| Hadaarka Daaraa ah Dadadha Art of 1005 oo oo | rsons are required to respond to a collection of information unless it displays a valid OMB control number |
| Under the Paperwork Reduction Act of 1990, Its pa | 18this Alia technica to respond to a conscion of information divigos it disbiblis a versi date deline informati |

| FEE TO A MORRITTAL | ı L | Complete if Known | | | | | |
|---|-----------------------------|--|------------------------------|-------------|---------|--|---------------|
| FEE TRANSMITTAL | | | Application Number 09/856981 | | | | |
| for EV 2004 | | | Date | | | 10/12/2001 | |
| for FY 2004 | | | First Named Inventor | | | GOTTSCHALL | |
| Effective 10/01/2003. Patent fees are subject to annual revision. | Examiner Name | | | ime | | Bernard Lipman | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | | | | 1713 | |
| TOTAL AMOUNT OF PAYMENT (\$) 440.00 | | Attomey Docket No. | | | 0. | 280798610040 | |
| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | | | |
| Check Credit card Money Other None | | 3. ADDITIONAL FEES | | | | | |
| Deposit Account: | <u>Large</u> | | Small | | | - | |
| Ponerit . | | Fee (\$) | | Fee (\$) | | Fee Description | Fee Paid |
| Account Number 50-1432 | 1051 | 130 | 2051 | | Surch | narge - late filing fee or oath | |
| Deposit James Dov | | 50 | 2052 | | | narge - late provisional filing fee or r sheet | |
| Name | | 130 | 1053 | | | English specification | |
| The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments | | 2,520 | 1812 2 | .520 | For fil | ling a request for ex parte reexamination | |
| Charge any additional fee(s) or any underpayment of fee(s) | | 920* | 1804 | 920- | | esting publication of SIR prior to | |
| Charge fee(s) indicated bolow, except for the filing fee | | 1,840* | 1805 1 | ,840° | Requ | lesting publication of SIR after | |
| to the above-identified deposit account. | 1251 | 110 | 2251 | 55 | | niner action nsion for reply within first month | 55.00 |
| FEE CALCULATION | | 420 | 2251 | 210 | | nsion for reply within second month | |
| 1. BASIC FILING FEE | 1252 1253 | 950 | 2253 | | | naion for reply within third month | |
| Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid | | 1,480 | 2254 | 740 | - | nsion for reply within fourth month | |
| Code (\$) Code (\$) | | 2,010 | 2255 | | _ | naion for reply within fifth month | |
| 1001 770 2001 385 Utility filing fee 385.00 | 1401 | 330 | 2401 | | | ce of Appeal | |
| 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee | 1402 | 330 | 2402 | | | g a brief in support of an appeal | |
| 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee | 1403 | 290 | 2403 | | | est for oral hearing | |
| 1005 160 2005 80 Provisional filing fee | 1451 | 1,510 | 1451 | 1,510 | Petiti | ion to institute a public use proceeding | |
| | 1452 | 110 | 2452 | - | | ion to revive - unavoidable | |
| SUBTOTAL (1) (\$) 385.00 | 1453 | 1,330 | 2453 | 665 | Petiti | ion to revive - unintentional | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 | 1,330 | 2501 | 665 | Utilit | y issue fee (or reissue) | |
| Extra Claims below Fee Paid | | 480 | 2502 | 240 | Desi | gn issue fee | |
| Total Claims20** = X = | | 640 | 2503 | | | t issue fee | |
| Independent 3** = X = = | | 130 | 1460 | | | tions to the Commissioner | |
| Multiple Dependent | | 50 | 1807 | | | cessing fee under 37 CFR 1.17(q) | · |
| Large Entity Smell Entity Fee Fee Fee Fee Fee Pescription | | 180 | 1806 | | | nission of Information Disclosure Strit | |
| Code (\$) Code (\$) | 8021 | 40 | 8021 | 40 | Prop | ording each patent assignment per erty (times number of properties) | |
| 1202 18 2202 9 Ctalms in excess of 20 | 1809 | 770 | 2809 | 385 | Filing | g a submission after final rejection | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1810 | 770 | 2544 | 200 | - | CFR 1.129(8)) | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | | 770 | 2810 | 385 | exan | each additional invention to be nined (37 CFR 1.129(b)) | |
| 1204 86 2204 43 ** Reissue independent daims over original patent | | 770 | 2801 | | | quest for Continued Examination (RCE) | |
| 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent | | 900 | 1802 | 900 | | quest for expedited examination design application | |
| | Other | fee (sp | ecify) _ | | | | |
| SUBTOTAL (2) (\$) "for number previously paid, if greator; For Reissuas, see above | *Red | Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 55.00 | | | | | |
| SUBMITTED BY (Complete (if applicable)) | | | | | | | |
| Name (Print/Type) Mitchell Rose | | Registration No. 47906 Telephone 216-586-7094 | | | | | · |
| Simple Mitabell Page | | Attornay | (Inappa | | | Date 03/19/2004 | |

WARNING: Information on this form may become public. Credit card Information should not

WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including galibering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patont and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.



Facsimile Transmission

North Point, 901 Lakeside Avenue • Cleveland, Ohio 44114-1190 • (216) 586-3939 Facsimile: (216) 579-0212

Number of pages (including this page): 14

From: Mitchell Rose, Ph.D., Patent Agent

RECEIVED **CENTRAL FAX CENTER**

Date: 3/19/2004

MAR 1 9 2004

Please hand deliver the following facsimile to:

Name: Examiner Bernard Lipman

Company: U. S. Patent & Trademark Office

Telephone No.:

Send Copies To:

Copies distributed

Operator's Initials

Direct Telephone No.: 216-586-7094

JP No.: 000488

CAM No.: 280798-610040

NOTICE: This communication is intended to be confidential to the person to whom it is addressed, and it is subject to copyright protection. If you are not the intended recipient or the agent of the intended recipient or if you are unable to deliver this communication to the intended recipient, please do not read, copy or use this communication or show it to any other person, but notify the sender immediately by telephone at the direct telephone number noted above.

Message:

This is an Official Communication to Examiner Bernard Lipman from Mitchell Rose (Patent Agent, Reg. No. 47,906) for U.S. Patent Application No. 09/856,981.

Please confirm receipt of this facsimile with a brief informal note to mrose@jonesday.com.

Please call Mitchell Rose at 216-586-7094 if the facsimile is incomplete or illegible. C:\Wrddata\Fax Transmittals\Fax Transmittal Form to Exr Lipman.DOC